



QUARTERLY STATEMENT

AS OF MARCH 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

NAIC Group Code	00936	00936	NAIC Company Code	15104	Employer's ID Number	46-0906893
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]		
	Dental Service Corporation [ ]		Vision Service Corporation [ ]	Health Maintenance Organization [ X ]		
	Other [ ]			Is HMO Federally Qualified? Yes [ ] No [ X ]		
Incorporated/Organized	08/15/2012		Commenced Business	04/17/2013		
Statutory Home Office	New Center One, Suite 545, 3031 W Grand Boulevard		Detroit, MI, US 48202			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	200 Stevens Drive		Phliadelphia, PA, US 19113	215-937-8000		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	New Center One, Suite 545, 3031 W Grand Boulevard		Detroit, MI, US 48202			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive		Phliadelphia, PA, US 19113	215-937-8000		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	www.amerihealthcaritasvipcareplus.com					
Statutory Statement Contact	Robert Michael Gregor		215-937-5312			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	rgregor@amerihealthcaritas.com		215-937-5049			
	(E-Mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
Robert Howard Gilman, Esquire	Secretary	Steven Harvey Bohner	Treasurer
Sharon Lynn Alexander Keilly	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Steven Harvey Bohner	Eileen Mary Coggins	James Michael Jernigan	
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State of .....Pennsylvania.....  
County of .....Delaware..... ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Robert Howard Gilman, Esquire Secretary	Steven Harvey Bohner Treasurer	Sharon Lynn Alexander Keilly President
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Subscribed and sworn to before me this day of May, 2016	a. Is this an original filing? Yes [ X ] No [ ] b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached
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STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Michigan, Inc.

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,223,671		1,223,671	1,226,415
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....23,938,839 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....1,001,908 ) .....	24,940,747		24,940,747	25,959,791
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	26,164,418	0	26,164,418	27,186,206
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	2,342		2,342	496
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	115,691		115,691	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	545		545	627
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....508,000 ) and other amounts receivable .....	1,136,997	628,997	508,000	350,889
25. Aggregate write-ins for other-than-invested assets .....	23,203	23,203	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	27,443,196	652,200	26,790,996	27,538,218
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	27,443,196	652,200	26,790,996	27,538,218
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Leasehold improvements .....	203	203	0	0
2502. Prepaid expenses .....	23,000	23,000	0	
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	23,203	23,203	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	11,656,224		11,656,224	13,579,874
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	231,925		231,925	270,949
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	900,192		900,192	549,457
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	6,812,398		6,812,398	4,419,300
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	19,600,739	0	19,600,739	18,819,580
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	765,003
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	27,225,000	25,225,000
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(20,034,743)	(17,271,365)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	7,190,257	8,718,638
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	26,790,996	27,538,218
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Subsequent Year Affordable Care Act Assessment.....	XXX	XXX		765,003
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	765,003
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	9,244	0	21,399
2. Net premium income (including \$ non-health premium income).....	XXX	18,954,375	0	40,146,558
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	18,954,375	0	40,146,558
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		8,341,882	0	22,524,389
10. Other professional services .....		5,393,363	0	5,941,558
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....			0	0
13. Prescription drugs .....		4,038,532	0	9,609,527
14. Aggregate write-ins for other hospital and medical.....	0	111,377	0	57,916
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15) .....	0	17,885,154	0	38,133,390
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	17,885,154	0	38,133,390
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 152,317 cost containment expenses.....		407,719	0	2,959,189
21. General administrative expenses.....		3,921,399	14,865	12,589,167
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	22,214,272	14,865	53,681,746
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(3,259,897)	(14,865)	(13,535,188)
25. Net investment income earned .....		1,984	335	2,581
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,984	335	2,581
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(3,257,913)	(14,530)	(13,532,607)
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(3,257,913)	(14,530)	(13,532,607)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. Durable Medical Equipment.....		111,377	0	57,916
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	111,377	0	57,916
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	8,718,638	2,032,977	2,032,977
34. Net income or (loss) from Line 32 .....	(3,257,913)	(14,530)	(13,532,607)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	(270,468)	0	(381,732)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	2,000,000	0	20,600,000
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(1,528,381)	(14,530)	6,685,661
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,190,257	2,018,447	8,718,638
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	18,838,684	0	40,146,558
2. Net investment income .....	863	468	2,716
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	18,839,547	468	40,149,274
5. Benefit and loss related payments .....	20,213,441	0	25,285,876
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,624,168	16,990	14,750,877
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	21,837,609	16,990	40,036,753
11. Net cash from operations (Line 4 minus Line 10) .....	(2,998,062)	(16,522)	112,521
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	125,000	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	125,000	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	122,981	0	1,101,807
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	122,981	0	1,101,807
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	2,019	0	(1,101,807)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	2,000,000	0	20,600,000
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(23,001)	15,169	4,418,340
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	1,976,999	15,169	25,018,340
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(1,019,044)	(1,353)	24,029,054
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	25,959,791	1,930,737	1,930,737
19.2 End of period (Line 18 plus Line 19.1) .....	24,940,747	1,929,384	25,959,791

STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	3,369	.0	.0	.0	.0	.0	.0	3,369	.0	.0
2. First Quarter .....	2,881	.0	.0	.0	.0	.0	.0	2,881	.0	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	9,244							9,244		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	5,052							5,052		
8. Non-Physician .....	6,084							6,084		
9. Total	11,136	0	0	0	0	0	0	11,136	0	0
10. Hospital Patient Days Incurred	798							798		
11. Number of Inpatient Admissions	154							154		
12. Health Premiums Written (a).....	19,004,963							19,004,963		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	19,004,963							19,004,963		
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	19,808,804							19,808,804		
18. Amount Incurred for Provision of Health Care Services	17,885,154							17,885,154		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 19,004,963

STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Michigan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims unpaid (Reported)						
Beaconshire Nursing Centre.....		11,759	6,690	9,731	66,158	94,339
BEAUMONT HOSPITAL - TROY.....	2,669	25,216	467		270	28,622
BIO-MEDICAL APPLICATIONS OF MI.....		2,453		2,692	10,026	15,171
BOTSFORD GENERAL HOSPITAL.....	7,306	10,714	3,198			21,217
BOULEVARD MANOR LLC.....		17,871				17,871
DETROIT NURSING CENTER LLC.....			2,277	1,728	6,332	10,337
FATHER MURRAY NURSING AND REHAB.....			6,467		18,776	25,242
GARDEN CITY HOSPITAL.....	708	32,619			0	33,327
GUARDIAN ANGEL HOME CARE INC.....		2,250	3,219		5,254	10,723
HEARTLAND HEALTH CARE CENTER.....	10,902	69,601	6,776		10,264	97,542
HENRY FORD HOSPITAL.....	38,152	84,643	8,874		411	132,080
HENRY FORD MACOMB HOSPITAL.....	8,170	276		5,216		13,662
HENRY FORD WYANDOTTE.....	8,212	1,961	706			10,878
LAKEPOINTE SENIOR CARE.....		18,135	15,313	15,313	139,096	187,856
Lakeshore Healthcare Elmwood Campus.....				13,763	13,541	27,304
Law-Den Nursing Home Inc.....		1,427	4,023		7,263	12,713
LITTLE ROCK BAPTIST CHARITY CARE.....		15,146	18,534	18,534	52,812	105,026
MANOR OF SOUTHGATE.....		12,172				12,172
MCLAREN MACOMB.....	5,030	583	186		10,104	15,903
MEDILODGE OF STERLING HEIGHTS.....		69,700	7,491		17,380	94,572
OAKWOOD HERITAGE HOSPITAL.....	11,159	13,582			189	24,930
OAKWOOD HOSPITAL.....	34,567	27,522	88		1,563	63,740
SAMARITAN MANOR.....		7,126		7,617	22,361	37,104
Select Specialty Hospital- Ann Arbor.....					167,195	167,195
SHOREPOINTE NURSING CENTER.....		6,924	7,401			14,325
ST JOHN HOSPITAL & MEDICAL CENTER.....	9,286	7,206	31,262	9,649	1,480	58,883
ST JOHN MACOMB OAKLAND HOSPITAL.....	129	586	33,114	322	165	34,316
ST JOSEPHS HEALTHCARE CENTER.....		11,777				11,777
THE VILLAGE REHABILITATION.....		6,916			7,145	14,061
TRANSITIONAL HEALTH SERVICES OF WAYNE.....		11,464				11,464
VHS DETROIT RECEIVING HOSPITAL INC.....	50,569	27,945	205		12,117	90,836
VHS HARPER HUTZEL HOSPITAL INC.....	37,632	3,877			2,676	44,185
VHS SINAI-GRACE HOSPITAL.....	40,637	11,229		31,542	2,411	85,819
WESTLAND NURSING.....		24,381				24,381
0199999 Individually listed claims unpaid.....	265,128	537,061	156,289	116,107	574,989	1,649,574
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	143,122	153,200	55,951	30,722	80,753	463,749
0499999 Subtotals.....	408,250	690,261	212,240	146,829	655,743	2,113,324
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	9,542,900
0699999 Total amounts withheld.....	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid.....	XXX	XXX	XXX	XXX	XXX	11,656,224
0899999 Accrued medical incentive pool and bonus amounts.....	XXX	XXX	XXX	XXX	XXX	

UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental only .....					0	0
4. Vision only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	8,850,057	12,095,744	4,729,817	6,926,407	13,579,874	13,579,874
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	8,850,057	12,095,744	4,729,817	6,926,407	13,579,874	13,579,874
10. Health care receivables (a) .....	674,775	462,222			674,775	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	8,175,282	11,633,522	4,729,817	6,926,407	12,905,099	13,579,874

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2016 OF THE AMERIHEALTH MICHIGAN, INC.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices  
The financial statements of AmeriHealth Michigan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted prescribed or permitted accounting practices that differ from those found in NAIC SAP. Currently, "prescribed" statutory accounting practices are interspersed throughout the state insurance laws and regulations, NAIC SAP, and a variety of other NAIC publications. "Permitted" statutory accounting practices encompass all accounting practices that are not prescribed but are permitted by the domicile state department of insurance; such practices may differ from state to state, may differ from company to company within a state, and may change in the future.

A reconciliation of the Company's net loss and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	<u>State of Domicile</u>	<u>2016</u>	<u>2015</u>
<u>NET INCOME</u>			
(1) AmeriHealth Michigan, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	MICHIGAN .....	\$ ..... (3,257,913)	\$ ..... (13,532,607)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(3) State Permitted Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(4) NAIC SAP (1-2-3=4)	MICHIGAN .....	<u>\$ ..... (3,257,913)</u>	<u>\$ ..... (13,532,607)</u>
<u>SURPLUS</u>			
(5) AmeriHealth Michigan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	MICHIGAN .....	\$ ..... 7,190,257	\$ ..... 8,718,638
(6) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(7) State Permitted Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(8) NAIC SAP (5-6-7=8)	MICHIGAN .....	<u>\$ ..... 7,190,257</u>	<u>\$ ..... 8,718,638</u>

- B. Use of Estimates in the Preparation of the Financial Statements – No significant changes since December 31, 2015.

- C. Accounting Policy  
The Company uses the following accounting policies:  
(1) Short-term investments – No significant changes since December 31, 2015.  
(2) Bonds – No significant changes since December 31, 2015.  
(3) Common Stocks –None  
(4) Preferred Stock – None  
(5) Mortgage Loans – None  
(6) Loan-backed securities – None  
(7) Investments in subsidiaries, controlled and affiliated (SCA) entities - None  
(8) Investments in joint ventures, partnerships and limited liability companies – None  
(9) Derivatives – None  
(10) Anticipated investment income as a factor in premium deficiency calculation – None  
(11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2015.  
(12) Fixed asset capitalization policy modifications – No significant changes since December 31, 2015.  
(13) Pharmaceutical Rebates – No significant changes since December 31, 2015.

- D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None  
B. Statutory Merger  
(1) Name and brief description of the combined entities - None  
(2) Method of accounting - None  
(3) Shares of stock issued in the transaction - None  
(4) Details of results of operations - None  
(5) Adjustments recorded directly to surplus – None  
C. Assumption Reinsurance – None  
D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

- A. Segment of business that has been or will be discontinued – None  
B. Expected disposal date, if known – None  
C. Manner of disposal – None  
D. Description of remaining assets and liabilities of the segment at the balance sheet date – None  
E. Amounts related to the discontinued operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses – None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None  
B. Debt Restructuring – None  
C. Reverse Mortgages – None  
D. Loan-Backed Securities  
(1) Prepayment assumptions – None  
(2) Recognized Other-than-Temporary Impairment – None  
(3) Present Value of Cash Flows – None  
(4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized – None  
E. Repurchase Agreements and/or Securities Lending Transactions – None  
F. Real Estate – None  
G. Investments in low-income housing tax credits (LIHTC) – None  
H. Restricted Assets  
(1) Restricted Assets (Including Pledged) - No significant changes since December 31, 2015.  
(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None  
(3) Detail of Other Restricted Assets – None  
I. Working Capital Finance Investments – None  
J. Offsetting and Netting of Assets and Liabilities – None  
K. Structured Notes – None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets - None  
B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A. Due and accrued income is excluded from surplus on the following bases – No significant changes since December 31, 2015.  
B. Total amount excluded –No significant changes since December 31, 2015.

8. Derivative Instruments

- A. Market risk, credit risk and cash requirements of the derivative instruments - None  
B. Objective for using derivative instruments - None  
C. Accounting policies for recognizing and measuring derivatives instruments used - None  
D. Component of gain or loss recognized excluded from hedge effectiveness assessment - None  
E. Net gain or loss recognized for derivatives no longer qualifying for hedge accounting – None  
F. Derivative instruments accounted for as cash flow hedges - None

9. Income Taxes – No significant changes since December 31, 2015.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A.,B., Material related party transactions - The Company received capital contributions in the amount of \$2,000,000 from AmeriHealth Caritas Health Plan (ACHP) during the period ended  
C. March 31, 2016.  
D. Amounts due from or to related parties as of March 31, 2016 – No significant changes since December 31, 2015.  
E. Parental guarantees – None  
F. Material management or service arrangements – No significant changes since December 31, 2015.  
G. Nature of control relationship – No significant changes since December 31, 2015.  
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity - None  
I. Investments in an SCA entity that exceed 10% of admitted assets – None  
J. Write-downs for impaired investments in SCA entities – None  
K. Investment in foreign subsidiary calculation – None  
L. Investment in a downstream noninsurance holding company – None

STATEMENT AS OF MARCH 31, 2016 OF THE AMERIHEALTH MICHIGAN, INC.

11. Debt

A. Capital Notes – None

B. Federal Home Loan Bank (FHLB) Agreements – None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan - None

B.C. Postretirement Plan Assets - None

D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None

E. Defined Contribution Plans – None

F. Multiemployer Plans - None

G. Consolidated/Holding Company Plans – None

H. Postemployment Benefits and Compensated Absences – None

I. Impact of Medicare Modernization Act on Postretirement Benefits - None
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. Common Capital stock outstanding – None

B. Preferred stock – None

C. Dividend restrictions – No significant changes since December 31, 2015.

D. Dates and amounts of dividends paid – None

E. Stockholder's portion of ordinary dividend from profits – None

F. Restrictions placed on unassigned funds (surplus) - None

G. The total amount of advances to surplus not repaid – None

H. The amount of stock held by the Company for special purposes – None

I. Changes in balances of special surplus funds from the prior year – As a result of the Consolidated Appropriations Act of 2016, the Subsequent Year Affordable Care Act (ACA) assessment will not be applicable to the Company in 2016. As of March 31, 2016, the change in balance of special surplus funds from the prior year, due to the Subsequent Year ACA assessment, was \$765,003.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses - None

K. Surplus notes – None

L. Impact of any restatement due to quasi-reorganization – None

M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None
14. Liabilities, Contingencies and Assessments

A. Contingent Commitments – None

B. Assessments – None

C. Gain Contingencies – None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None

E. Joint and Several Liabilities – None

F. All Other Contingencies – None
15. Leases

A. Lessee Operating Leases

(1) General description of lessee's leasing arrangements - No significant changes since December 31, 2015.

(2) Minimum aggregate rental commitments – No significant changes since December 31, 2015.

(3) Sale-leaseback transactions – None

B. Lessor Leases

(1) Operating Leases – None

(2) Leveraged Leases – None
16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

A. The face, contract or notional principle amount – None

B. The nature and terms of the contract – None

C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity - None

D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables reported as Sales – None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales – None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans – None

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20. Fair Value Measurements

A.,B. Fair value measurement at reporting date – None

(1) Level of fair value hierarchy – No significant changes since December 31, 2015.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

(3) Transfers in and/or out of Level 3 – None

(4) Fair value measurements categorized within Level 2 and 3 – None

C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None

D. Not Practicable to Estimate Fair Value – None
21. Other Items

A. Extraordinary Items – None

B. Troubled Debt Restructuring: Debtors – None

C. Other Disclosures and Unusual Items - None

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None
22. Events Subsequent

Type 1 – Recognized subsequent event – None

Type 2 – Nonrecognized subsequent event – No significant changes since December 31, 2015.
23. Reinsurance

A. Ceded Reinsurance Report - None

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation - None

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Accrued retrospective premium adjustments – None

B. Accrued retrospective premium as an adjustment to earned premium – None

C. The amount of net premium written that are subject to retrospective rating features - None

D. Medical loss ratio rebates required pursuant to the Public Health Service Act. – None

E. Risk- Sharing Provisions of the ACA – None
25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2015 were \$13,850,823 for incurred claims and claim adjustment expenses. As of March 31, 2016, \$8,446,231 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$4,729,817 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$674,775 during 2016 for the year ended December 31, 2015. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
26. Intercompany Pooling Arrangements – None
27. Structured Settlements – None
28. Health Care Receivables

A. Pharmaceutical Rebate Receivables – No significant changes since December 31, 2015.

B. Risk Sharing Receivables – None
29. Participating Policies – None
30. Premium Deficiency Reserves – None
31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4

By what department or departments?
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [X] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [ ] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]

11.2

If yes, give full and complete information relating thereto:  
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....0

13.

Amount of real estate and mortgages held in short-term investments: .....\$ .....0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$ .....

\$ .....

\$ .....

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes [X] No [ ]

- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? .....

Yes [ ] No [X]

- 17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

- 17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....

Yes [X] No [ ]

- 18.2 If no, list exceptions:
- .....

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent

95.2 %

1.2 A&H cost containment percent

0.8 %

1.3 A&H expense percent excluding cost containment expenses

20.7 %

2.1 Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3 Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$

**STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Michigan, Inc.**

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

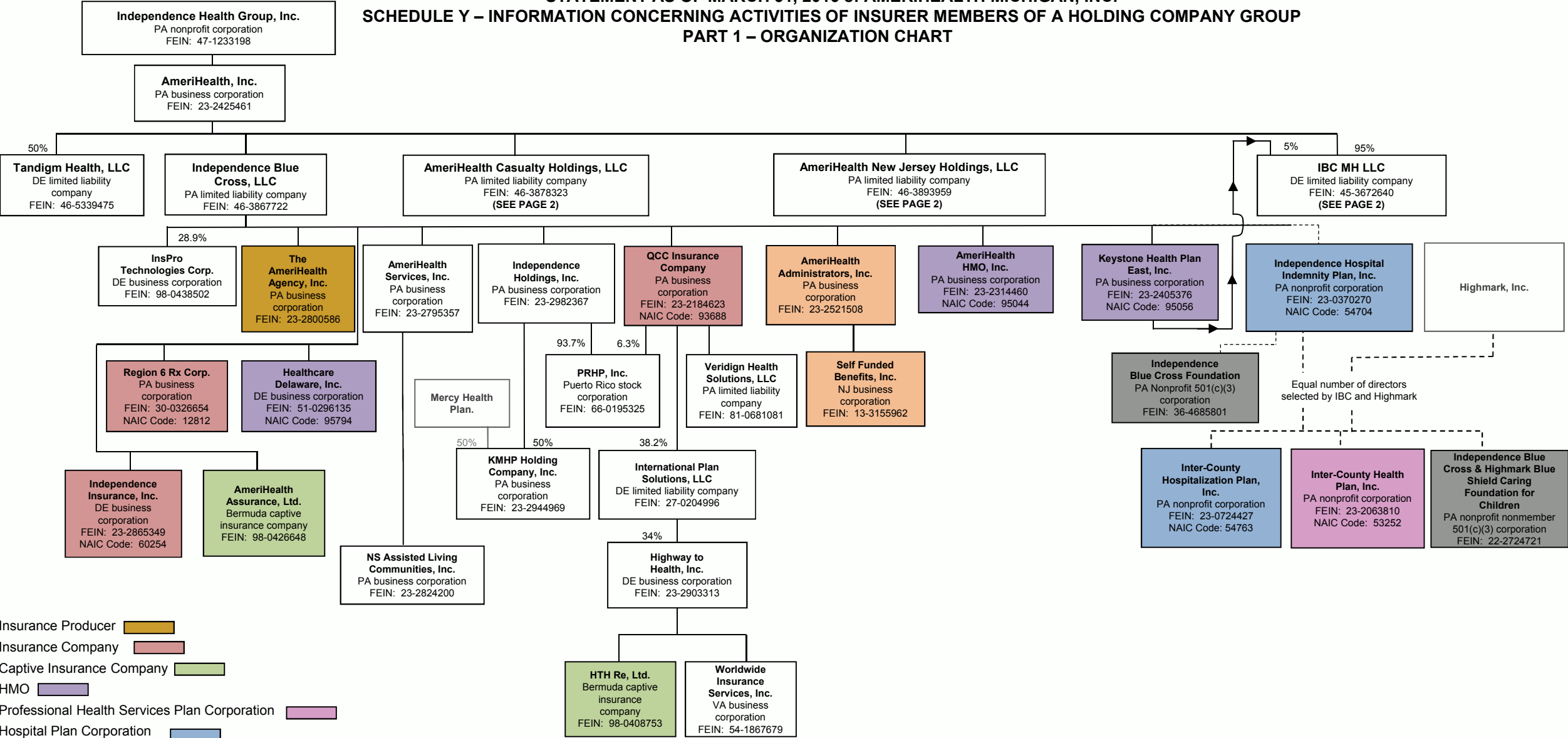
[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

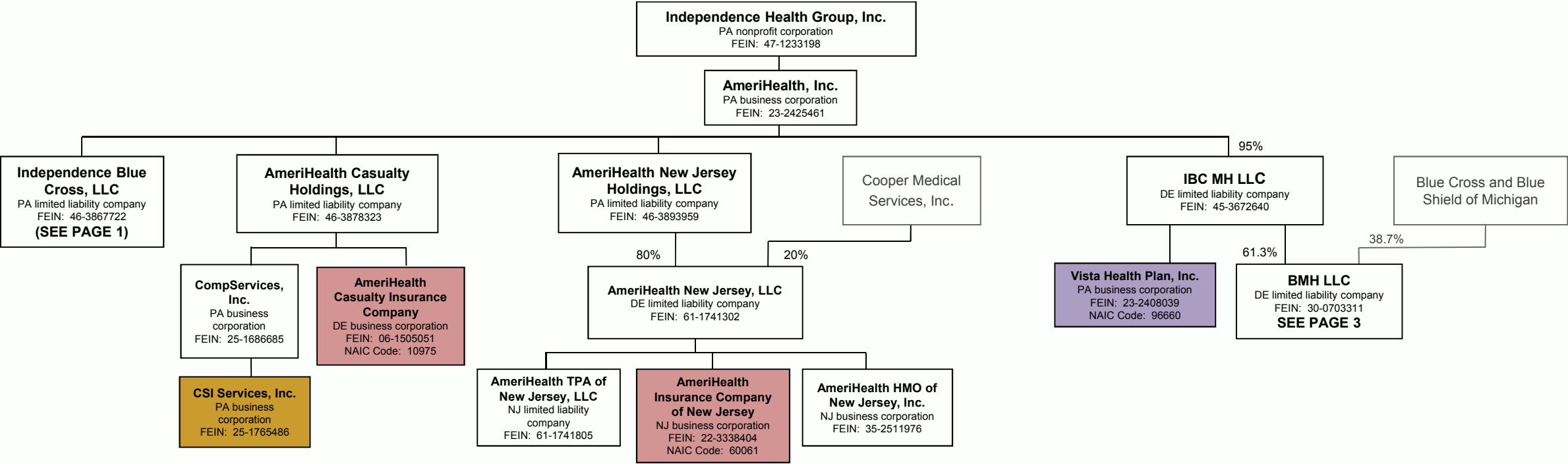
Current Year to Date - Allocated by States and Territories									
States, Etc.	1  Active Status	Direct Business Only							
		2  Accident & Health Premiums	3  Medicare Title XVIII	4  Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama .....	AL							0	
2. Alaska .....	AK							0	
3. Arizona .....	AZ							0	
4. Arkansas .....	AR							0	
5. California .....	CA							0	
6. Colorado .....	CO							0	
7. Connecticut .....	CT							0	
8. Delaware .....	DE							0	
9. Dist. Columbia .....	DC							0	
10. Florida .....	FL							0	
11. Georgia .....	GA							0	
12. Hawaii .....	HI							0	
13. Idaho .....	ID							0	
14. Illinois .....	IL							0	
15. Indiana .....	IN							0	
16. Iowa .....	IA							0	
17. Kansas .....	KS							0	
18. Kentucky .....	KY							0	
19. Louisiana .....	LA							0	
20. Maine .....	ME							0	
21. Maryland .....	MD							0	
22. Massachusetts .....	MA							0	
23. Michigan .....	MI	L	19,004,963					19,004,963	
24. Minnesota .....	MN							0	
25. Mississippi .....	MS							0	
26. Missouri .....	MO							0	
27. Montana .....	MT							0	
28. Nebraska .....	NE							0	
29. Nevada .....	NV							0	
30. New Hampshire .....	NH							0	
31. New Jersey .....	NJ							0	
32. New Mexico .....	NM							0	
33. New York .....	NY							0	
34. North Carolina .....	NC							0	
35. North Dakota .....	ND							0	
36. Ohio .....	OH							0	
37. Oklahoma .....	OK							0	
38. Oregon .....	OR							0	
39. Pennsylvania .....	PA							0	
40. Rhode Island .....	RI							0	
41. South Carolina .....	SC							0	
42. South Dakota .....	SD							0	
43. Tennessee .....	TN							0	
44. Texas .....	TX							0	
45. Utah .....	UT							0	
46. Vermont .....	VT							0	
47. Virginia .....	VA							0	
48. Washington .....	WA							0	
49. West Virginia .....	WV							0	
50. Wisconsin .....	WI							0	
51. Wyoming .....	WY							0	
52. American Samoa .....	AS							0	
53. Guam .....	GU							0	
54. Puerto Rico .....	PR							0	
55. U.S. Virgin Islands .....	VI							0	
56. Northern Mariana Islands .....	MP							0	
57. Canada .....	CAN							0	
58. Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal .....	XXX	0	19,004,963	0	0	0	0	19,004,963	0
60. Reporting entity contributions for Employee Benefit Plans .....	XXX							0	
61. Total (Direct Business) .....	(a) 1	0	19,004,963	0	0	0	0	19,004,963	0
DETAILS OF WRITE-INS									
58001 .....	XXX								
58002 .....	XXX								
58003 .....	XXX								
58998 Summary of remaining write-ins for Line 58 from overflow page .....	XXX	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF MARCH 31, 2016 of AMERIHEALTH MICHIGAN, INC.  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

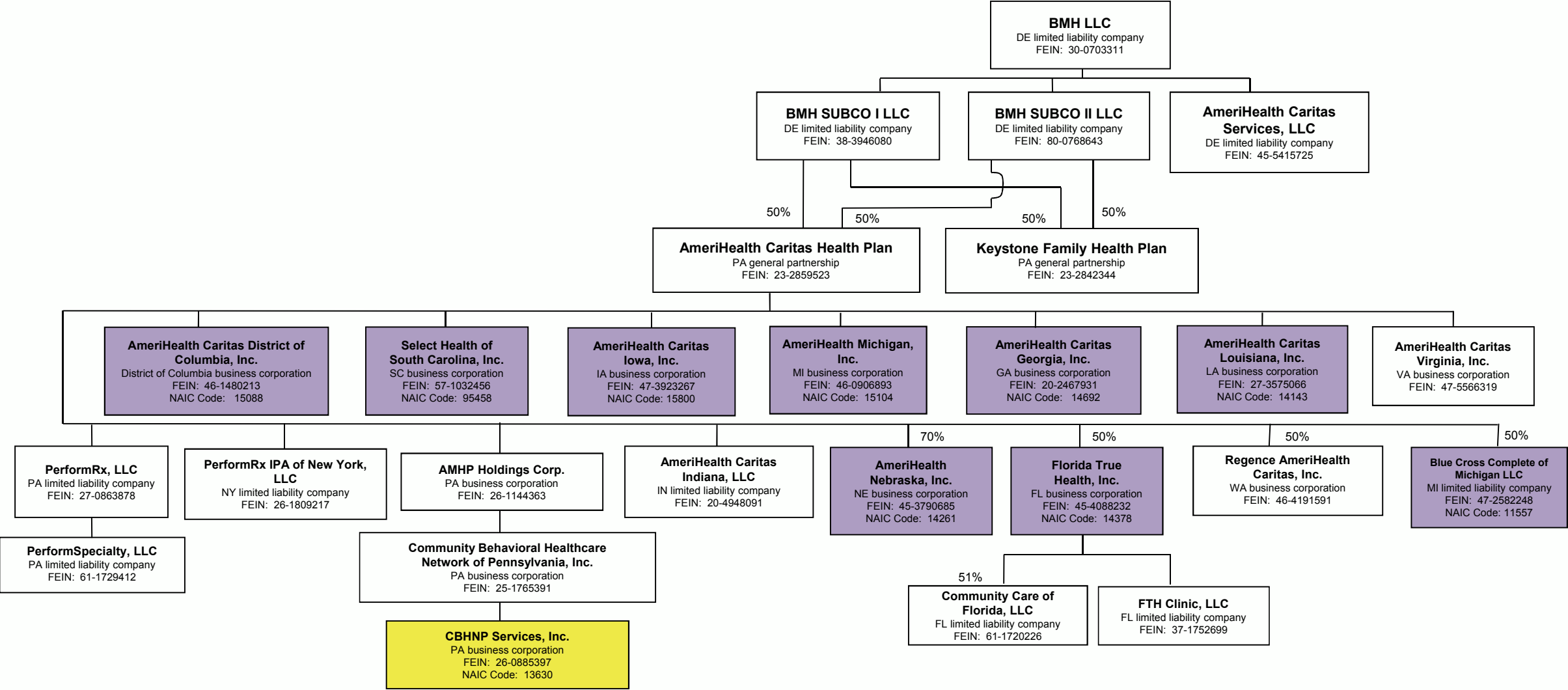


STATEMENT AS OF MARCH 31, 2016 of AMERIHEALTH MICHIGAN, INC.  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



STATEMENT AS OF MARCH 31, 2016 of AMERIHEALTH MICHIGAN, INC.  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

15.2



SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000.....		00000.....	47-1233198.....				Independence Health Group, Inc.....	PA.....	UIP.....				Independence Health Group, Inc.....	0
00000.....		00000.....	23-2425461.....				AmeriHealth, Inc.....	PA.....	UIP.....	Independence Health Group, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00000.....		00000.....	46-5339475.....				Tandigm Health, LLC.....	DE.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	50.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.....	0
00000.....		00000.....	46-3867722.....				Independence Blue Cross, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00000.....		00000.....	98-0438502.....				InsPro Technologies Corp.....	DE.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	28.9	Independence Health Group, Inc.....	0
00000.....		00000.....	23-2800586.....				The AmeriHealth Agency, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00936.....	Independence Health Group, Inc.....	12812.....	30-0326654.....				Region 6 Rx Corp.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00936.....	Independence Health Group, Inc.....	95794.....	51-0296135.....				Healthcare Delaware, Inc.....	DE.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00936.....	Independence Health Group, Inc.....	60254.....	23-2865349.....				Independence Insurance, Inc.....	DE.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00000.....		00000.....	98-0426648.....				AmeriHealth Assurance, Ltd.....	BMU.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00000.....		00000.....	23-2795357.....				AmeriHealth Services, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00000.....		00000.....	23-2824200.....				NS Assisted Living Communities, Inc.....	PA.....	NIA.....	AmeriHealth Services, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00000.....		00000.....	23-2982367.....				Independence Holdings, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	0
00000.....		00000.....	23-2944969.....				KMHP Holding Company, Inc.....	PA.....	NIA.....	Independence Holdings, Inc.....	Ownership.....	50.0	Independence Health Group, Inc. / Mercy Health Plan.....	0
00000.....		00000.....	66-0195325.....				PRHP, Inc.....	PR.....	NIA.....	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%).....	Ownership.....	100.0	Independence Health Group, Inc.....	0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	0
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	0
00000		00000	98-0408753				HTH Re, Ltd.	BMJ	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	0
00000		00000	54-1867679				Worldwide Insurance Services, Inc.	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	0
00000		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	1

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000.....		00000.....	22-2724721.....				Independence Blue Cross & Highmark Blue Shield Caring Foundation For Children.....	PA.....	OTH.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0.....	Independence Health Group, Inc. / Highmark Health.....	0.....
00000.....		00000.....	46-3878323.....				AmeriHealth Casualty Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	25-1686685.....				CompServices, Inc.....	PA.....	NIA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	25-1765486.....				CSI Services, Inc.....	PA.....	NIA.....	CompServices, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	1.....
00936.....	Independence Health Group, Inc.....	10975.....	06-1505051.....				AmeriHealth Casualty Insurance Company.....	DE.....	IA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	46-3893959.....				AmeriHealth New Jersey Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	61-1741302.....				AmeriHealth New Jersey, LLC.....	DE.....	NIA.....	AmeriHealth New Jersey Holdings, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00000.....		00000.....	61-1741805.....				AmeriHealth TPA of New Jersey, LLC.....	NJ.....	NIA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00936.....	Independence Health Group, Inc.....	60061.....	22-3338404.....				AmeriHealth Insurance Company of New Jersey.....	NJ.....	IA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00000.....		00000.....	35-2511976.....				AmeriHealth HMO of New Jersey, Inc.....	NJ.....	NIA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00000.....		00000.....	45-3672640.....				IBC MH LLC.....	DE.....	UIP.....	AmeriHealth, Inc. (95%) / Keystone Health Plan East, Inc. (5%).....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UDP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	RE	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000.....		00000.....	20-4948091.....				AmeriHealth Caritas Indiana, LLC.....	IN.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	.....0
00936.....	Independence Health Group, Inc.....	14261.....	45-3790685.....				AmeriHealth Nebraska, Inc.....	NE.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	42.9.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska.....	.....0
00936.....	Independence Health Group, Inc.....	14378.....	45-4088232.....				Florida True Health, Inc.....	FL.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	30.6.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida.....	.....0
00000.....		00000.....	61-1720226.....				Community Care of Florida, LLC.....	FL.....	NIA.....	Florida True Health, Inc.....	Ownership.....	15.6.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida / Prestige Health Choice.....	.....0

## 16.7

[illegible]

Asterisk	Explanation
1	Charity.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,226,416	125,063
2. Cost of bonds and stocks acquired .....	122,981	1,101,807
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	125,000	0
7. Deduct amortization of premium .....	726	454
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	1,223,671	1,226,416
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	1,223,671	1,226,416

STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Michigan, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	2,227,812	123,492	125,000	(725)	2,225,579	0	0	2,227,812
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	2,227,812	123,492	125,000	(725)	2,225,579	0	0	2,227,812
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	2,227,812	123,492	125,000	(725)	2,225,579	0	0	2,227,812

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ;  
NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	1,001,908	XXX	1,001,908	511	0

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,001,397	1,000,690
2. Cost of short-term investments acquired .....	511	707
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		0
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,001,908	1,001,397
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,001,908	1,001,397

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

## E04

## E04

E04

E04

## SCHEDULE D - PART 4

[illegible]

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

**STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Michigan, Inc.**

## SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0